

CLAIMS ONLY							Application Number <span style="font-size: 1.2em; font-family: cursive;">10770383</span>		Filing Date	
							Applicant(s)			
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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49							99			
50							100			
Total							Total			
Indep							Indep			
Total							Total			
Depend							Depend			
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